

Michigan's Early Childhood Care and Education Professional Development Record

Use this form to record training experiences including workshops, community based training, college courses and conferences related to child development, program planning, and administrative management for a child care business.

- To comply with Michigan Child Care Licensing Rules for **Family/Group Child Care Homes** all caregivers must complete a total of **10 clock hours** of training annually, not including CPR and first aid. Assistant Caregivers must complete a total of **5 clock hours** of training annually, not including CPR and First Aid.
- To comply with Michigan Child Care Licensing Rules for **Child Care Centers** all caregivers and program directors must complete a total of **12 clock hours** of training annually, not including CPR , first aid and Blood-borne Pathogens.
- Training must be accrued annually, beginning with the registration/license effective date and ending 12 months from that date. Verification of participation of required training is to be kept on file by the provider for Department review.
- Refer to Michigan Child Day Care Licensing Rules for a list of topics and trainings that meet training requirements.
- For Michigan Child Care Licensing Rules: 1 clock hour of training = 60 minutes. Record the actual number of training hours not including breaks, lunches or travel.

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| Caregiver's/Assistant Caregiver's Name | Date of Hire |
| Registration/License Number | |

Michigan Early Childhood Professionals Core Knowledge Areas:

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| 1 = Child Development and Learning | 5 = Teaching and Learning |
| 2 = Health, Safety and Nutrition | 6 = Observation, Documentation and Assessment |
| 3 = Family and Community Collaboration | 7 = Interactions and Guidance |
| 4 = Program Management | 8 = Professionalism |

| Training Dates Beginning/ Ending | Title of Training | Training Organization/Presenter | Core Knowledge Area (s) | # of Clock Hours | Training Certificate Received | If applicable, list CEU or College Credits earned | |
|--|-------------------|---------------------------------|----------------------------|------------------------|-------------------------------------|--|---------------------------|
| | | | | | | CEU # Earned | College Credits Earned |
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| Training Date | Title of Training | Card Received | Training Organization/Presenter | Location |
|---------------|--------------------|---|---------------------------------|----------|
| | First Aid | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | Infant & Child CPR | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | Adult CPR | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Caregiver's Signature _____ Date _____
 Sign and date to certify training record for OCAL Division of Child Day Care Licensing